

## Euthanasia Checklist

Euthanasia Date 8-12-25 ID # 41159 Custody verified (Initials) [redacted]

Sedative: Acepromazine (Initials) [redacted]  
Oral (strength          mg) # of tablets           
Inj. 10mg/ml .50 ml Route: IM

Sodium Pen (Fatal Plus) Initials [redacted]  
3 ml Route: IV  IP

### Determination of Death

5 minutes post injection

Lack of heartbeat-stethoscope (Initials) [redacted]  
Lack of heartbeat-palpitation (Initials)           
Lack of respiration-stethoscope (Initials)           
Lack of respiration-palpitation (Initials)           
Lack of respiration-visual (Initials)           
Lack of corneal reflex (Initials)           
Lack of toe-pinch reflex (Initials)           
Lack of capillary refill (Initials)         

30 minutes post injection

Lack of heartbeat-stethoscope (Initials) [redacted]  
Lack of heartbeat-palpitation (Initials)           
Lack of respiration-stethoscope (Initials)           
Lack of respiration-palpitation (Initials)           
Lack of respiration-visual (Initials)           
Lack of corneal reflex (Initials)           
Lack of toe-pinch reflex (Initials)           
Lack of capillary refill (Initials)

**City of Danville**  
Animal Control Officer / Public Animal Shelter

**ANIMAL CUSTODY RECORD**

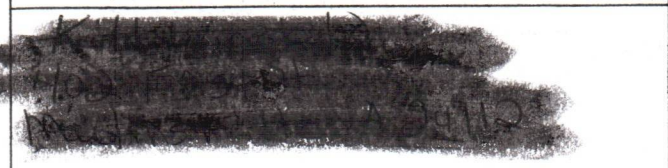
ANIMAL ID: **41159** CUSTODY DATE MM/DD/YY: **7-8-25** TIME: **3:20** **PM**

**REASON FOR CUSTODY (mark appropriate box)**

Stray / At Large  Owner Surrender  Seized  Bite Case Quarantine

Transfer from Another Releasing Agency  Virginia  Other:  
Name:  Out-of-State

**LOCATION WHERE CUSTODY WAS TAKEN**  
**DAHS**

**OWNER'S NAME & ADDRESS (if known)**  


**ADDITIONAL INFORMATION**  
**Tommy to keep**  
**LEVIS**

**ANIMAL DESCRIPTION**

SPECIES:  Feline  Canine  Other

BREED: **Chi**

COLOR / MARKINGS: **BLACK**

SEX:  Male  Female Altered: Y N Unk

Approximate AGE: **3**  YR  MO


Approximate WEIGHT: **10#**  LB

OTHER:

**ANIMAL IDENTIFICATION (Check for all types on animal and complete all boxes. If not found, write NO)**

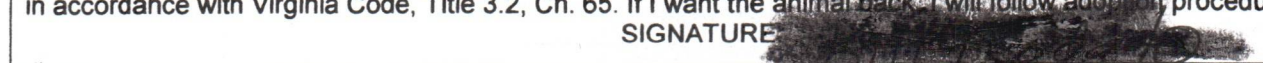
License Tag (Number - Details)	Rabies Tag (Number - Details)	Tattoo (Describe)	Collar (Describe - Color, Type, etc.)	Microchip or Other Identification (Describe - Details)
<b>None</b>	<b>None</b>	<b>None</b>	<b>None</b>	Scan: <b>7-8-25</b> Scan: <b>8-125</b> <b>None Det</b>

**CUSTODY RECORD PREPARED BY**


Signature:  DATE: (MM/DD/YY) **7-8-25**

**RIGHTFUL OWNER SURRENDER STATEMENT**

I am the rightful owner of this animal. I surrender all property rights in this animal. No other person has a right of property in this animal. I understand that this animal may be immediately euthanized or otherwise disposed in accordance with Virginia Code, Title 3.2, Ch. 65. If I want the animal back, I will follow adoption procedures.

SIGNATURE: 

**DISPOSITION OF ANIMAL** **Euth** **HOLDING PERIOD EXPIRES ON (Date):** **7-9-25**

DATE: (MM/DD/YY) **8-13-25** FINAL MICROCHIP SCAN PERFORMED BY (Initial): 

Returned to Owner	Adopted	Euthanized	Died in Custody	Transferred to Another Virginia Releasing Agency (name of agency)	Transferred to Out-of-State Releasing Agency (name of agency)	Other
		<b>8-13-25</b>				

Did you contact another shelter? **Yes** Why did they decline to accept? **SPCA-2 they were Full**